UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.8
22 February 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1994 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Zimbabwe

The Executive Director recommends that the Executive Board approve the country programme of Zimbabwe for the period 1995 to 2000 in the amount of $8.4 million from general resources, subject to the availability of funds, and $42 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 2
PROGRAMME COOPERATION, 1992-1994 4
RECOMMENDED PROGRAMME COOPERATION, 1995-2000 7

List of tables

1. Basic statistics on children and women 16
2. Expenditure under previous cooperation period, 1992-1996 18
3. Planned expenditure, 1995-2000 19
4. Linkage of programme budget and staffing/staff costs 20

Annex. List of studies and evaluations carried out in 1992-1993 21

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Zimbabwe attained independence in 1980 after 90 years of white minority rule. Although the per capita gross domestic product (GDP) is quite low ($475 in 1992), the economy is well diversified between agriculture (13 per cent), industry (40 per cent) and services (47 per cent). The population in mid-1993 was 10.7 million, growing at 3.1 per cent per annum.

2. The economy and society are characterized by a dualism inherited from the apartheid era. Almost one half of the population are small-scale farmers who live on marginal lands, called communal areas. Most of the good agricultural land is owned by 4,200 large-scale commercial farmers. Commercial farm workers are generally the worst-off group in terms of health, education and nutrition indicators, followed by the communal farm households. One third of the population is urban. Separation of spouses and labour migration are common. Men work in cities or on commercial farms, leaving families in rural areas.

3. Zimbabwean women generally bear the double burden of child care and earning family income. The educational status of women is generally lower than that of men owing largely to cultural bias for boys. Although most discriminatory legislation has been eliminated since 1980, women are still viewed as subordinate to men both at home and in the workplace.

4. Since independence, the Government has made great progress in providing social services to the majority of the population. About 85 per cent of the population live within 8 kilometres of a health facility, and the gross primary school enrolment ratio is 117. Infant mortality fell from 81 infant deaths per 1,000 live births in 1980 to 60 in 1992, while under-five mortality dropped from 125 child deaths per 1,000 to 86 over the same period. Maternal mortality showed a similar trend, at least in the early 1980s. About 84 per cent of the population have access to safe drinking water. Currently, the main causes of under-five deaths are acute respiratory infections (ARI), perinatal conditions, malaria, diarrhoeal diseases, nutritional deficiencies and acquired immune deficiency syndrome (AIDS).

5. The high rate of investment in the social sector in the 1980s was to some extent at the expense of directly productive investment. Per capita income was stagnant in the 1980s, while the Government incurred large fiscal deficits. In 1990, the Government embarked on its Economic Structural Adjustment Programme to stimulate economic growth by liberalizing the economy and reducing the fiscal deficit.

6. The Economic Structural Adjustment Programme had barely been put in place when Zimbabwe was hit by the worst drought in 100 years. In 1992, the harvest was about 20 per cent of its normal yield; almost one half of the population earned little or no income and produced no food. National grain reserves had been run down, so Zimbabwe, normally a net exporter of food, had to import 60 per cent of its requirements. A national disaster was declared in March 1992 and several major relief programmes were established. These were generally well implemented and, despite the scale of the disaster, the Government managed to feed 5.5 million people regularly, including 1.1 million children under five

years of age, and maintain their health. Although donors provided considerable support, at least one half of the cost of food imports ($400 million) was borne by the Government, which considerably increased its budget deficit.

7. The combined impact of the Economic Structural Adjustment Programme and the drought produced a negative GDP growth of 8 per cent in 1992. The World Bank estimated Zimbabwe's per capita gross national product (GNP) at $640 in 1990, but only $475 in 1992, and predicted that it would take at least three to four years before the per capita income recovered to its 1990 level. GNP growth for 1993 is expected to be only 4 per cent. The 1993 harvest was very good and restored some of the income and assets lost in 1992.

8. Under the Economic Structural Adjustment Programme, the Government's real expenditure on health and education has fallen by about 35 per cent since the 1990-1991 fiscal year. Purchasing power, especially for lower paid workers, has fallen and the Government has instituted cost-recovery measures for social services and reduced subsidies on basic commodities. The combined impact of reduced Government spending, cost recovery and reduced income for the poor has resulted in decreased access to those key social services that were expanded so impressively after independence. Anecdotal evidence and small-scale studies suggest that the Economic Structural Adjustment Programme has a disproportionately adverse effect on children and women. Although provisions were made under the Programme to protect the most vulnerable, those provisions did not anticipate the high rates of inflation or the effects of the drought, nor were implementing units in the Government properly prepared to take on the new tasks.

9. In the national programme of action for children, which was prepared in 1991-1992, the prospect of Zimbabwe achieving almost all of the goals of the World Summit for Children by the year 2000 seemed very real. However, most of the progress in the social sector was made between 1980 and 1988, when social investment was very high.

10. In addition, some 800,000 people, or 7.5 per cent of the total population, are infected with the human immunodeficiency virus (HIV). Data from antenatal clinics around the country show levels of HIV infection in otherwise healthy young women ranging from 8 to 42 per cent. The impact of this level of infection is already being felt. In Harare and Bulawayo, the two largest cities, AIDS is now the primary cause of death among adults and children from one to four years of age. The Government estimates that as many as 600,000 children could lose one or both parents by the year 2000. Families already weakened by reduced real incomes are now having to care for sick relatives and orphans. Health services already affected by budget cuts are now facing rapid increases in AIDS-related morbidity and mortality.

11. Despite these problems, there are opportunities for continued progress. Zimbabwe has a strong infrastructural base and a relatively well-educated population. Lessons learned from the drought are being incorporated in all sectors. The recent establishment of peace in neighbouring Mozambique offers hope for Zimbabwe in terms of increased exports, easier and safer access to the sea and reduced military spending.

12. Although the short- to medium-term impact of the Economic Structural Adjustment Programme is undermining the social sector, the long-term growth of the economy would provide a wider revenue base and thus enable the Government to reinvest in social development. As part of the adjustment process, the Government is moving away from directly productive activities and service delivery and assuming a more facilitative role, for example, to identify priorities and more cost-effective methods of operation. Thus there are important opportunities for the introduction of new approaches to the provision of services that are more sustainable and call for a greater role for communities. A move to decentralize some Government functions offers potential for both increased popular participation and increased efficiency. Finally, the commitment of the Government to making sacrifices for women and children is commendable and fosters an environment where continued progress can be achieved.

PROGRAMME COOPERATION, 1992-1994

Social mobilization

13. In addition to support for all other programmes, the social mobilization programme has had two major successes of its own - the early ratification of the Convention on the Rights of the Child and the finalization of the national programme of action for children. The Government has now set up a secretariat to coordinate implementation of the national programme of action. Programmes to mobilize all sectors for the national programme of action have been initiated, a principal mechanism for this being the Parliamentarians and Media Child Survival Committee, which lobbies for children's issues in Parliament.

Health

14. Support was continued to the integrated primary health care programme of the Ministry of Health and Child Welfare, focusing particularly on the expanded programme on immunization (EPI), control of diarrhoeal diseases (CDD) and ARI. Assistance was concentrated on the continued training of health workers and the provision of cold-chain spare parts, poliomyelitis vaccines (with Rotary International funds), syringes and needles.

15. Districts with the lowest coverage in each province were identified, an assessment of problems was carried out and strategies were devised on a district-by-district basis to improve coverage. Achieving and sustaining universal child immunization is well within reach since coverage of all vaccines for infants is above 70 per cent.

16. A health-financing project was initiated aimed at improving the management of health resources. A basic package of health services for all Zimbabweans has been identified and a survey to determine actual costing of these services has been carried out.

Nutrition

17. A major focus of the nutrition programme was an emergency response to the drought. A child supplementary feeding programme was set up to assist the

entire rural population. At the height of the drought there were over 1 million children being fed without a single recorded case of starvation.

18. The regular nutrition programme is centred on micronutrient deficiencies, particularly iodine and vitamin A, as well as support for the development of a national nutrition policy. Legislation on the iodization of all salt in the country has been developed, and all salt coming into the country is now iodized to the required level. Surveys to determine the extent of vitamin A deficiency have been carried out. A national breast-feeding code is being finalized, and certification of baby-friendly hospitals has begun.

Prevention and control of acquired immune deficiency syndrome

19. This new programme has focused on three areas: youth, adults and general support. The main emphasis is on youth, both in and out of school. Materials for grade 4 through secondary school A-level have been distributed in conjunction with a training programme for teachers and AIDS education in teacher-training institutes. Out-of-school youths are reached through popular radio programmes, peer education networks, sports and culture organizations and mobile film vans. Research continues into other possible channels of communication.

20. Adults are reached through a very successful peer education project for commercial sex workers, which has reduced incidence of sexually transmitted diseases (STDs). Extensive work has also been done with non-governmental organizations (NGOs), including churches, working with AIDS-prevention and care.

21. Support to these activities is given through the National AIDS Coordination Programme, a government body that oversees all AIDS prevention activities in the country. In addition, a large number of mass media/communication materials for all activities have been developed. Finally, support was given to the development of national strategies and approaches for orphan care since there will be many more orphans as a result of the AIDS epidemic.

Water supply and sanitation

22. The provision of water during and since the drought has been the major focus of the water supply and sanitation programme. During the drought, 2,500 primary water supplies with hand-pumps were provided for 600,000 people. Drought recovery and preparedness focused on increased community involvement in planning and then the incorporation of those plans into the regular development plans.

23. The integrated water supply and sanitation project in Beitbridge district, the district hardest hit by the drought, was begun and has been used to improve methods of planning and hygiene education, both of which have been accepted as the national standard.

Education

24. The education programme has concentrated on early childhood education and care, adult literacy and teacher education, as well as working very closely with the AIDS programme.

25. Workshops to upgrade the skills of field workers have been the main focus, with training in early childhood education and care reaching more than 1,000 participants, training in adult literacy reaching more than 300 education officers and literacy coordinators and teacher education reaching more than 1,500 principals, lecturers and regional office personnel. In addition, adult literacy materials have been produced.

26. To improve the quality of education, a managerial skills training project has been started with head teachers of primary schools and regional education officials and at teacher-training colleges. A major achievement has been to make education for girls a policy issue of the Government.

Planning and social statistics

27. The planning and social statistics programme has taken on an increasingly important role as structural adjustment has taken hold and affected vulnerable groups. A combination of sentinel site surveillance and fiscal policy analysis has been used to identify the effects of adjustment and to help the Government with a more focused response. Direct assistance to the Social Development Fund, the government department responsible for social safety-nets, has helped to put the information obtained into practice.

Lessons learned

28. As part of its thrust towards decentralization, the Government is now strengthening the capacity of community-level structures. Projects under the proposed country programme should build on this very positive trend and move from largely capacity-building strategies towards empowerment strategies, strengthening community-level structures such as the school development committee and the village development committee. Within these structures, a special emphasis on supporting the full participation of women and girls is key.

29. The households of workers on large commercial farms, over 1.5 million people, show the lowest levels of education, nutrition and income. Inhabitants of communal and resettlement areas are the next most vulnerable group and will receive attention accordingly. The disaggregation of data to monitor the situation of this especially vulnerable group will be an important thrust of the monitoring and evaluation programme.

30. To ensure that the impact of a future drought on agricultural production, livestock, household incomes and the economy as a whole will not be so devastating, the country programme, especially the advocacy, water supply and sanitation and health programmes, will work to minimize the impact of future droughts.

31. Over the last three years essential social services have suffered. Thus, special efforts will have to be made to rehabilitate the social services infrastructure so that the national programme of action and other goals will be achieved. Although the Government has taken some steps to protect the social sector, there is agreement that more must be done. Therefore, the UNICEF role in enhancing government/country capacity to protect the social sector will be a major thrust of the new country programme.

RECOMMENDED PROGRAMME COOPERATION, 1995-2000

General resources: $8,400,000
Supplementary funding: $42,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Planning and social development (including monitoring and evaluation programme)	1 110	1 800	2 910
Health	1 530	12 000	13 530
AIDS prevention and control	390	12 000	12 390
Children in especially difficult circumstances	300	900	1 200
Water supply and environmental sanitation	600	9 000	9 600
Education	1 500	6 000	7 500
Women's programme	480	-	480
Social mobilization	840	300	1 140
Programme support	1 650	-	1 650
Total	8 400	42 000	50 400

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme planning process

32. The planning process started with a mid-term review meeting at Kadoma in November 1992, attended by representatives of the Government, the UNICEF field office at Harare and regional office and headquarters staff, as well as representatives of other United Nations agencies and major donors. The group formulated recommendations for focusing the UNICEF programme of assistance, which were fully endorsed by the permanent secretaries of the cooperating ministries at a meeting at Mazvikadei in March 1993. The meeting also authorized the formation of working groups to draft the programme plans of operations. The coordinating ministry, the Ministry of Finance, circulated the final drafts to the line ministries and received their approvals. Although the previous period of cooperation extended from 1992-1996 (E/ICEF/1991/P/L.5), the proposed programme of cooperation will revise the programme cycle, covering the period 1995-2000, in order to harmonize programming with the United Nations Development Programme.

Country programme and national programme of action goals

33. The Convention on the Rights of the Child was ratified in September 1990. In furtherance of the Declaration of the World Summit on Children, Zimbabwe, as one of the initiator countries, has developed a comprehensive national programme of action. The national strategies for continued progress towards the goals for children and women set out in the national programme of action cover a wide range of activities and will involve hundreds of groups and organizations, including external cooperation agencies, with annual expenditures of between $500 million and $1 billion. Within this framework, the UNICEF role will be to contribute to strengthening national capacity to develop more resilient, sustainable ways of delivering social services, and to empowering communities to plan, manage and finance some of their own key services.

34. The major goal of the country programme is to assist the Government and the people to develop strategies and mobilize resources to achieve the goals for children and women set out in the national programme of action in an appropriate and sustainable way within the context of structural adjustment. In so doing, UNICEF assistance will facilitate the achievement of both the national programme of action goals and the 1995 goals of the Consensus of Dakar.

Strategy

35. The overall strategy of the country programme will contain three elements: social policy development and service delivery, capacity-building and empowerment. However, the initial emphasis will be on capacity-building, as UNICEF works with the Government to identify more cost-effective, sustainable methods of social service delivery.

36. The new country programme will emphasize the strengthening of social policy development by enhancing the capacity of the national institutions involved in social research, data analysis, programme/project appraisal, costing, policy formulation, monitoring and evaluation.

37. The programme also will place greater emphasis on empowerment, especially the empowerment of women. Some existing projects, such as community-based water management, education on women's and children's rights and support to village community workers will continue and be expanded. These projects will be complemented by a new initiative to strengthen ward and village development committees, which will provide community members, especially women, with the skills and framework they need to make decisions about their own communities. These initiatives will be implemented by a wide range of government agencies and NGOs. Several programmes to provide families with information on what they can do to protect their health are ongoing and will be expanded, and various cadres of village-level extension workers will be supported with training, strengthened supervision and logistical support. To ensure maximum linkages and complementarities, a special inter-ministerial working group will be constituted and a focal point will be designated within the UNICEF office.

38. Some elements of service delivery will continue, in that UNICEF will continue to provide key inputs to ongoing programmes (such as polio vaccines and cold-chain equipment), but these should be largely completed over the programme period.

39. At the end of 1996, a mid-term review of Government/UNICEF cooperation will provide an opportunity to assess progress towards the mid-decade goals. It also will provide an opportunity to refocus the programme as necessary for the final push to achieve the goals for the year 2000.

Planning and social policy development

40. The main objective of the social policy development programme is to enable ministries to adapt their management and financing systems to universal access and high-quality basic services. Since government budgets have been reduced, this will involve increasing the efficiency of public resource allocation and use and developing innovative financing and management systems. A second objective is to strengthen the capacity of social sector ministries to monitor the impact of policies at national, sectoral, community and household levels, so that social policy can foresee, analyse and adapt to changing circumstances.

41. Activities will include support for in-service training of government economists and planners; operational research to cost packages of basic services to facilitate budgeting; periodic reviews of resource allocation and expenditure in the social sector for use in advocacy; evaluation of the effectiveness and efficiency of the newly emerging community-based financing and management systems; support to assess viability of alternative financing systems; and research and evaluation of social safety nets and the targeting of social assistance programmes.

42. UNICEF will work with the Ministry of Public Service, Labour and Social Welfare, which coordinates the inter-ministerial initiative to monitor the social dimensions of adjustment. The monitoring project will improve the analysis and use of existing data systems; household-level data collection through the sentinel surveillance system; and special studies and evaluations. Progress towards the goals of the national programme of action will be monitored by the national programme of action secretariat in the Ministry of Health and

Child Welfare. UNICEF will support that unit with training, technical advice and funding to establish a database and resource centre.

Health

43. The health programme will strengthen the capacity of the formal health care system to address priority factors that contribute to infant, under-five and maternal mortality. This will require empowering and building the capacity of communities to address their own health.

44. UNICEF will provide technical, financial and logistical support to the Government for EPI, CDD, ARI, malaria control and nutrition. The priority for EPI will be to increase coverage in low-coverage areas, eradicate polio and increase sustainability. Support to the CDD, ARI and malaria control programmes will focus on bringing knowledge and skills closer to the child, both through training of health workers and through public information programmes for rural communities. The nutrition component will support the elimination of micronutrient deficiencies, for example, vitamin A and iodine deficiencies, the preparation of a national nutrition policy and the strengthening of community capacities to meet the nutrition needs of their children.

45. The Ministry of Health and Child Welfare has begun to design and implement systems to increase resources for health care. UNICEF will support operational research and pilot activities to identify alternative, acceptable systems of revenue generation and use. The project will also support initiatives to strengthen the management of available resources and in-service management training for health staff.

46. Both the strengthening of community-based workers and a reorientation of the health sector towards community needs are the focus of the community-level health care project. Several cadres of government-funded community-level workers provide families with health information and services. This project will support the various government and NGO bodies working with community-level health cadres to update their training, strengthen supervision and increase motivation. The mass media will provide families with complementary, additional information on health promotion.

Prevention and control of acquired immune deficiency syndrome

47. The long-term objectives of the AIDS programme are to significantly reduce high-risk, adolescent sexual behaviour and foster an environment that is supportive of people with AIDS. The immediate programme objectives are to strengthen the capacity of a variety of channels to impart correct, accurate and effective information to selected target groups and to assist Government and NGOs in developing a national strategy for the community-based care of orphaned children.

48. The initiative to reach all youth in school will continue. Tertiary-level institutions, including teacher-training colleges, will be an important target group for which special services are being developed. The project will not only provide factual information to teachers and students, but also will develop life skills that help youth to internalize lessons through participatory teaching

methods. UNICEF will assist with materials development, training and research. Out-of-school youth are much harder to reach and probably more at risk. Popular radio channels, peer educator networks, sporting and cultural organizations, mobile film vans and other channels of communication identified through research will be used to reach young people.

49. The project will expand the successful peer education initiatives targeted at patrons of bars, beer-halls and bottle stores. The promotion of early treatment of STDs, the distribution of condoms and the training of commercial sex workers as peer educators will help to interrupt transmission among high-risk groups.

50. The project will also work with various NGO networks, especially churches, which are often the first source of information for rural women, to develop training programmes, produce materials and train trainers to provide accurate, relevant information on AIDS prevention and on care for families affected by AIDS.

51. UNICEF will provide material, logistical and technical support to help strengthen national coordination in the fight against AIDS, especially the National AIDS Coordination Programme in the Ministry of Health and Child Welfare/NGO coordinating bodies.

52. Although much valuable research has been done on the social and behavioural aspects of HIV/AIDS, there are still glaring gaps. UNICEF will assist priority socio-behavioural research on various aspects of HIV/AIDS that emphasize practical application of proven, well-targeted information, education and communication interventions.

Children in especially difficult circumstances

53. The objective of this project is to assist the Government and NGOs to identify relevant and sustainable approaches to community-based care of orphaned children, building on the experience already gained by NGOs in both Zimbabwe and the region. UNICEF will support information-sharing workshops, research, pilot activities and training of Government and NGO staff.

Water supply and environmental sanitation

54. The objective of the water supply and environmental sanitation programme is to develop systems of community-based planning, maintenance and management of rural water supply and sanitation systems for all communal and resettlement areas. In so doing, the sustainability of rural water supply and sanitation facilities will be enhanced, contributing to a decline in related morbidity and mortality.

55. The programme will have two main components: community-based planning, management and maintenance of water systems for nationwide coverage; and support for the implementation of the Government's integrated rural water supply and sanitation programme in one district.

56. The first project will assist the Ministry of Local Government, Rural and Urban Development to develop appropriate systems based on ongoing pilot projects in several districts. This system will include a greatly strengthened health and hygiene education component, developing and testing approaches, including the necessary materials, training and support for introduction of these approaches in other districts. A high priority will be capacity development for the full participation by members of the ward and village development committees, especially female members. Developing women's organizational skills and confidence will increase participation of women in decision-making.

57. UNICEF will assist with the implementation of the integrated rural water supply and sanitation programme in Gwanda district in the dry lowveld. Relevant government agencies will work with communities to upgrade family wells, protect shallow wells, install deep wells or boreholes and support the construction of latrines, so that universal access to safe water and sanitation is achieved and communities can properly use and maintain these facilities. UNICEF also will support the Government with the procurement of small spare parts to maintain the new drilling rigs provided during the drought.

Women's health

58. Working through the Reproductive Health Working Group, UNICEF will assist the Ministry of Health and Child Welfare to analyse trends in maternal health better and to address underlying causes of maternal mortality. The focus will evolve and sharpen, based on studies to be undertaken in 1993-1994, but will likely include training of community-level health workers to identify and monitor high-risk pregnancies, improvement of communication between levels of the referral system, wider dissemination of information on the proper care of pregnant and lactating women and advocacy for implementation of legislation promoting safe motherhood. UNICEF will work closely with other donors in the field, especially the United Nations Population Fund, the World Health Organization (WHO) and the Swedish International Development Authority.

Education

59. The objectives of the education programme are to improve the quality and relevance of basic education, to promote gender equity in the education system and to fill the gaps in Zimbabwe's basic education structures. The strategy will focus on improving returns from the existing investment in education by improving cost-effectiveness and better equipping children to face challenges. Three projects are envisaged: community-based education initiatives; quality and relevance of primary education; and gender equity in education.

60. The objective of the community-based education initiatives project is to improve the quality of early childhood education and care centres, while significantly expanding access to early childhood education and care, especially in rural areas. Major activities will include training early childhood education and care teachers and supervisors and increasing community support for early childhood education and care through awareness-raising. School development committees offer an opportunity to educate community leaders on the importance of early childhood education and care and to encourage them to identify ways of promoting community financing. Adult literacy activities will

give priority to increasing the participation of women in the literacy programme by developing materials that are stimulating, relevant and useful.

61. The aim of the project on the quality and relevance of primary education is to improve the management of schools, the curricula and teacher training. The Ministries of Education and Culture and Higher Education are developing an in-service management training programme for head teachers and for pre-service teacher training. UNICEF will assist with the development of this course, the training of trainers and training workshops at provincial and district levels. Every year a review of one subject of the primary school curriculum will address new teaching methods and changes in content. Teacher-training curricula will be reviewed and revised accordingly.

62. Gender disparities will be addressed throughout the education system. Advocacy will stress the benefits of education for girls, using mass media and the school development committees. A gender-sensitization component will be built into the management training programme for head teachers. The curricula will be reviewed for gender sensitivity and to ensure that girls are equipped with the knowledge necessary to prevent early marriages, teenage pregnancies and STDs, including HIV/AIDS.

Women's programme

63. In line with the integration of gender issues into all programmes, three projects have been given priority and have become part of the sectoral programmes. These are the gender equity in education project, under the education programme, and the strengthening community-level health care project and the women's health project, both under the health programme. In order for the focus on improving the situation of women to be sustained, there will be a special project for research, monitoring and advocacy related to the situation of women dealing with issues that are not covered adequately under other programmes. Efforts will be made to strengthen national capacities. A variety of channels will be used for advocacy and dissemination of information on the situation of women and women's rights, including mass media, parliamentarians, local NGOs, church groups and village-level extension workers.

Social mobilization

64. As part of the social mobilization programme, the objective of social mobilization is to mobilize broad-based support for the national programme of action, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and to empower children and women to work for their rights. Programme components include support for the national programme of action goals project, the media capacity-building project and the child rights project.

65. The support for national programme of action goals project focuses assistance on advocacy and public relations and will be carried out with the newly established national programme of action secretariat in the Ministry of Health and Child Welfare and with the Social Policy Development Programme. An annual publication, "The State of Zimbabwe's Children", will help to mobilize

partners. Advocacy will help to secure adequate levels of resources for child-related programmes.

66. Capacity-building will enable UNICEF partners in the NGO community, media and parliamentarians to develop an understanding of the situation of children and women, in order to follow through on the solutions embodied in the national programme of action.

Child rights project

67. The objective of this project is to provide information on children's rights to all children and adults in order to foster the improved protection of children. Linkages will be established with partners such as churches, youth groups, legal and human rights groups and the media to try to change negative traditional beliefs and develop a consensus on the rights of children. Support for research on children's rights will be a useful basis for advocacy and mobilization activities. Capacity-building of child-related NGOs will help them to undertake advocacy effectively.

Programme funding

68. The planned annual programme expenditure has increased from $2.5 million in the last country programme of cooperation (E/ICEF/1991/P/L.5) to $8.4 million. Almost all of the increase is in supplementary funding. Donor response to the two stand-alone supplementary funding projects (E/ICEF/1992/P/L.33 and E/ICEF/1993/P/L.27) and the drought emergency has resulted in $8.6 million of supplementary funds being received in 1993, with strong prospects for sustaining this level of funding.

Management structure and staffing implications

69. The new programme structure will require a change in the management structure within the UNICEF field office at Harare, with more delegation of responsibility. Programme implementation has been divided into seven sections, with the representative and heads of sections forming the management team. The implementation of the emergency and stand-alone supplementary funding projects has led to the creation of 24 new posts (2 international Professional, 8 National Officer and 14 General Service). The increase in General Service staff has been largely for new programme assistants, who handle substantial administrative and accounting responsibilities previously performed by officers. As of 1 November 1993, 50 per cent of UNICEF Harare's professional staff posts were occupied by women. At the same time, staff costs as a proportion of programme expenditure have fallen from 22 per cent in the previous country programme to 12 per cent, since expenditure has increased about twice as fast as staff complement. It is likely that UNICEF Harare will move to United Nations common premises within the next five years.

Cooperation with other partners

70. Over the programme period, a new set of partners will become increasingly important, as UNICEF works through the Ministry of Local Government, Rural and Urban Development with women in ward and village development committees. Many

of the programmes will be implemented together with NGOs and local religious organizations. Other important partners include members of Parliament, who have formed a Parliamentary Committee for Child Survival. UNICEF will continue to work closely with this committee, providing briefings and field visits to support their advocacy initiatives for the national programme of action, at both national and constituency levels. UNICEF collaborates closely with WHO, the International Labour Organization, the United Nations Development Programme and the World Bank. All of the above agencies have been involved in the preparation of the present country programme and have been supportive throughout.

Monitoring and evaluation plan

71. Every sectoral programme plan of operations in the country programme includes plans for research, monitoring and evaluation of the situation of children and women, programme and project activities and impacts and UNICEF and Government inputs. UNICEF will work with existing government systems, but also with NGOs, universities and other organizations to strengthen capacity to collect, analyse and use data for women and children. Particular emphasis will be placed on gender sensitivity and impact indicators whenever possible.

72. The national programme of action secretariat will be a major focal point for rapid, effective use of information to respond to strategic programme management priorities. Subnational capacities will be developed through the sentinel surveillance system. A new element in the country programme will be the empowerment of communities to collect, analyse and use data to promote their well-being. The sentinel surveillance approach will be developed to provide community-level data for the communities themselves, the Government and UNICEF on progress towards the national programme of action goals and on the impact of the UNICEF-assisted projects.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Zimbabwe	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	86	(1992)	High U5MR
Infant mortality rate	60	(1992)	High IMR
GNP per capita	$ 650	(1991)	Lower-middle GNP
Total population	10.6 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	263	308	416	434
Infant deaths (under 1)	(thousands)	25	25	26	26
Under-five deaths	(thousands)	40	39	37	37
Under-five mortality rate (per 1,000 live births)		154	125	90	86
Infant mortality rate (under 1) (per 1,000 live births)		97	81	63	60

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1988)	Moderate & severe	..	12
	Severe	..	2
Babies with low birth weight (%, 1972/1990)		15	14
Primary school children reaching final grade (%, 1988)		..	75

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1989)	..	11
Timely complementary feeding rate (6-9 mos.) (%, 1989)	..	94
Continued breast-feeding rate (20-23 mos.)(%, 1989)	..	26
Prevalence of wasting (%, 1988)	..	2
Prevalence of stunting (%, 1988)	..	31
Daily per capita calorie supply (% of requirements, 1979-81/1990)	90	94
Total goitre rate (1989)	..	42
Household expenditure (% of total income, 1980-85) All food/cereals	..	40 / 9

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	77
Access to health services	Total	..	85
(% of population, 1988)	Urban/rural	.. / ..	96 / 80
Access to safe water	Total	52*	84
(% of population, 1980/1990)	Urban/rural	.. / ..	95 / 80
Access to adequate sanitation	Total	..	40
(% of population, 1990)	Urban/rural	.. / ..	95 / 22
Births attended by trained personnel (%, 1980/1988)		37	70
Maternal mortality rate (per 100,000 live births, 1979)		480	..

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	64	76	71	79
	DPT	39	63	73	73
	Polio	38	63	72	73
	Measles	56	53	69	72
Pregnant women (%) immunized against:	Tetanus	..	40	..	60

* UNICEF field office source.

TABLE 1 (continued)

Zimbabwe

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	85 / ..	117 / ..
	Male	.. / ..	118 / ..
	Female	.. / ..	116 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	8 / ..	50 / ..
	Male	.. / ..	54 / ..
	Female	.. / ..	46 / ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	55	67
	Male/female	63 / 47	74 / 60
Radio/television sets (per 1,000 population, 1980/1990)		34 / 10	85 / 31

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	5.3	7.1	9.9	11	13
Population aged 0-15 years	(thousands)	2703	3582	4677	4960	6101
Population aged 0-4 years	(thousands)	1052	1301	1785	1886	2156
Urban population (% of total)		17	22	29	30	36
Life expectancy at birth (years)	Total	50	55	56	56	57
	Male	49	53	55	55	56
	Female	52	57	58	57	58
Total fertility rate		7.3	6.4	5.6	5.4	4.6
Crude birth rate (per 1,000 population)		50	43	42	41	36
Crude death rate (per 1,000 population)		16	12	11	11	10

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		14	43
Population annual growth rate (%, 1965-80/1980-92)	Total	3.1	3.3
	Urban	6.0	5.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		1.7	-0.2
Inflation rate (%, 1965-80/1980-91)		6	13
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980/1989)	Health/education	5 / 16	8 / 23
	Defence	25	17
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	4 / 7
Official development assistance: (1980/1991)	$US millions	164	376
	As % of GNP	3	6
Debt service (% of goods and services exports, 1980/1991)		3	23

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: ZIMBABWE
LATEST BOARD APPROVAL: 1991
GENERAL RESOURCES: $6 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	314	922	162	56	115	196	577	1 074	1 168	1 000	2 248	1 200	3 416	2 200
Nutrition	6		10				20		36	250		500	36	750
Water supply and sanitation	59	209	6		117	23	19	91	201	1 000	323	1 500	524	2 500
Education	227	59	50	8	100	43	165	24	542	1 750	134	1 300	676	3 050
Women-centred programme	68		11				58		137	800		750	137	1 550
Social mobilization and advocacy	9	13			36		48	64	93	250	77	250	170	500
Planning and social statistics	86		6		63		235		390	250			390	250
Programme support										700				700
Assistance to Mozambique refugees	110	3 372		23	5	121	15	514	130	150	4 030	1 000	4 160	1 150
GRAND TOTAL	879	4 575	245	87	436	383	1 137	1 767	2 697 b/	6 150 c/	6 812	6 500	9 509	12 650

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.

b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.

c/ Including $150 000 allocation from emergency reserve funds.

/...

TABLE 3. PLANNED EXPENDITURE, 1995 - 2000

(In thousands of United States dollars)

Country: ZIMBABWE **Period covered: 1995 - 2000**	**Funding status**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health and nutrition	GR	255	255	255	255	255	255	1 530
	NSF	2 000	2 000	2 000	2 000	2 000	2 000	12 000
Water and environmental sanitation	GR	100	100	100	100	100	100	600
	NSF	1 500	1 500	1 500	1 500	1 500	1 500	9 000
Education	GR	250	250	250	250	250	250	1 500
	NSF	1 000	1 000	1 000	1 000	1 000	1 000	6 000
AIDS prevention and control	GR	65	65	65	65	65	65	390
	NSF	2 000	2 000	2 000	2 000	2 000	2 000	12 000
Women's programme	GR	80	80	80	80	80	80	480
Children in especially difficult circumstances	GR	50	50	50	50	50	50	300
	NSF	150	150	150	150	150	150	900
Social mobilization and advocacy	GR	140	140	140	140	140	140	840
	NSF	50	50	50	50	50	50	300
Planning and social policy development	GR	185	185	185	185	185	185	1 110
	NSF	300	300	300	300	300	300	1 800
Programme support	GR	275	275	275	275	275	275	1 650
TOTAL	GR	1 400	1 400	1 400	1 400	1 400	1 400	8 400
	NSF	7 000	7 000	7 000	7 000	7 000	7 000	42 000
GRAND TOTAL		8 400	8 400	8 400	8 400	8 400	8 400	50 400

GR = General resources.
NSF = New supplementary funding.

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

ZIMBABWE

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1995-2000 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	1275			1275				1			1	1	2	4	600	148	748
Water and environment sanitation	500			500								1	2	3		148	148
Education	1250			1250				1			1		2	3	600	70	670
AIDS prevention and control	325			325								1	1	2		113	113
Women's programme	400			400													
Children in expecially difficult circumstances	250			250													
Social mobilization and advocacy	700			700								1	2	3		148	148
Planning and social policy development	925			925								1	2	3		148	148
Programme support	1375			1375					1		1		9	10	536	315	851
TOTAL GR	7000			7000				2	1		3	5	20	28	1736	1090	2826
SUPPLEMENTARY FUNDING																	
Health and nutrition			12000	12000													
Water and environment sanitation			9000	9000				1			1	1	2	4	600	148	748
Education			6000	6000													
AIDS prevention and control			12000	12000					1		1	1	2	4	536	148	684
Children in expecially difficult circumstances			900	900													
Social mobilization and advocacy			300	300								1		1		78	78
Planning and social policy development			1800	1800													
TOTAL SF			42000	42000				1	1		2	3	4	9	1136	374	1510
TOTAL GR & SF				49000				3	2		5	8	24	37	2872	1464	4336
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs		499														
	Staffing c/		1004				1	1	1		3	2	9	14	668	336	1004
GRAND TOTAL (GR + SF + ADM)							1	4	3		8	10	33	51			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										7	2	19	28	N/A	N/A	N/A
	- At the beginning of proposed programme (1995)										8	10	33	51	N/A	N/A	N/A
	- At the end of proposed programme (2000) (Indicative only)										8	11	33	52	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

/...

Annex

LIST OF STUDIES AND EVALUATIONS CARRIED OUT IN 1992-1993

1. Study on violations of International Code of Marketing of Breast Milk Substitutes. July 1992.

2. Findings and recommendations of the first round of sentinel surveillance for monitoring drought and the social dimensions of adjustment. April 1992.

3. Findings of the second round of sentinel surveillance for Social Dimensions of Adjustment Monitoring. January 1993.

4. A study of selected non-governmental organizations in Zimbabwe. July 1992.

5. Village community workers in Zimbabwe: an evaluation. November 1993.

6. Evaluation of the pilot community-based hand pump maintenance project in Chivi District, Zimbabwe. April 1993.

7. Situation analysis of the social development fund. July 1993.

8. Evaluation of the new generation bodytalk page. March 1993.

9. Report of focus group discussions with out-of-school youth. October 1993.

10. A study into the sexual concerns of adolescents. May 1993.

11. Findings from the third round of sentinel surveillance for social dimensions of adjustment monitoring. August 1993.

12. Directory of film and video distribution in Zimbabwe. November 1993.

13. Baseline survey of knowledge, attitudes and practices concerning HIV/AIDS in Grade 7 pupils. November 1993.

14. Community-level HIV prevention among sexually vulnerable groups in Gweru, Zimbabwe. November 1993.

15. Government spending on social services and the impact of structural adjustment in Zimbabwe. March 1993.

16. Review of the social dimensions of adjustment in Zimbabwe. February 1994.

17. Effects of adjustment and fees on school enrolment in Zimbabwe. January 1994.

18. Effects of user fees on health care delivery in Zimbabwe. January 1994.